Name in Full: Amanda E. Baker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Midway — County: Frederick

Date of death: 1904 — Month: May — Day: 8 — Age: Years: 29. — Months: 2 — Days: 0

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Occupation: Housewife — Where Residing if not at place of death: at Home

Married, Single or Widowed: Married — Name of Wife or Husband: Samuel J. Baker.

Father's Name: Jesse Shafer — Father's Birthplace: Pa.

Mother's Maiden Name: Amanda Spangler. — Mother's Birthplace: "

Name of person giving Information: Husband — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Intestinal Hemorrhage. Peritonitis — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. N. Diller

Address: D. P. Route

Maryland.

Accident or Suicide?

LIBRARY BUREAU A8U016

Name in Full: Albert. Lee. Barger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904; Month: 5; Day: 5

Age: Years: 9; Months: 14; Days: 14

Sex: Male

Color or Race: White

Birthplace: Brunswick

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Harry Barger

Father's Birthplace: Md

Mother's Maiden Name: Mamie Trigg

Mother's Birthplace: Va

Name of person giving Information: Harry Barger

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Ca Further Pneumonia

How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. G. Hoffine

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A66616

1904
Received 5/6. 8.25 p.m.

Name in Full: Jacob Beard.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Monterey Hospital; County: Frederick

Date of death 1904 Month: May Day: 30 Age: Years: 86 Months: Days:

Sex: Mall Color or Race: White Birthplace: Frederick Co

Occupation: Miller Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Widower Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: Miss Stock, Head Nurse How related to deceased: X

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senual Senility How long: 2 6 Month

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. S. Tyson.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Harry P. Bisaut

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fridmen — County: Fridmen

Date of death 1904: Month: May — Day: 25 — Age: Years 42 — Months — Days 18

Sex: Male — Color or Race: white — Birthplace: Fridmen Co Md

Married, Single or Widowed: Married — Occupation: merchant

Name of Wife or Husband: Minnie March

Father's Name: Wm Bisaut — Father's Birthplace: Fridmen Co Md

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Wm H. B. Johnson — How related to deceased: Undertaker

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Degeneration of Heart. — How long: X

Immediate: Asphyxia — How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. B. Johnson

Address: Fridmen Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Annie Virginia Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death 1904; Month: 5; Day: 26; Age: Years 21, Months 9, Days 9

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: housewife; Where Residing If not at place of death:

Married, ~~Single or Widowed~~; Name ~~of Wife or~~ Husband: James E. Bowers

Father's Name: John C. Nunbegar; Father's Birthplace: Md

Mother's Maiden Name: Annie Agnes Carey; Mother's Birthplace: Md

Name of person giving information: James E. Bowers; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pelvic Peritonitis Pneumonia; How long: 20 days

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Wish

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Mildred H. Bowers

Died at Town: Liberty — County: Frdk — MARYLAND

Date 1924 — Month: May — Day: 8 | Age: Y. 60 - M. - D. | Native of: Va | Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 5

~~Husband~~ / Wife of James F Bowers

Father's Name: John Stephens — Mother's Name: Elizabeth Stephens

Cause of Death — Primary: Paralysis — How long sick: 1 week

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by Otis B. Stone M. D.

Address Liberty Iron Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full: Mary Magdalen Brandenburg.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harmony; County: Frederick

Date of death 190 4: Month: May; Day: 8

Age: Years: 74; Months: 1; Days: 17

Sex: Female. Color or Race: White. Birthplace: Bergzabern Germany

Married, Single or Widowed: Widow. Occupation: Housewife.

Name of Wife or Husband: John N. Brandenburg

Father's Name: John Aultman. Father's Birthplace: Germany

Mother's Maiden Name: Not Known. Mother's Birthplace: Germany

Name of person giving Information: Samuel C. Brandenburg. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart. How long: 2 mos.

Immediate: Pulmonary Oedema. How long: 4 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ralph Browning

Address: Myersville, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full Joseph Brenner — Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1904 Month May Day 15 | Age Y. 85 M. 6 D. 14 | Native of Byron, Bavaria, Pleaphen | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Elizabeth Brenner

Father's Name unknown | Mother's Maiden Name unknown

Cause of Death — Primary Senility

Immediate Exhaustion

How long sick 6 weeks

Accident, ~~Suicide, Homicide~~

Reported by LaBrucka M D

Address 23 E Church St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Josiah Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: May; Day: 15th; Age: Years: 56; Months: 5; Days: 11

Sex: Male; Color or Race: Colored; Birthplace:

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband:

Father's Name: Wm Brown; Father's Birthplace: Mid Detour

Mother's Maiden Name: Nancy Brown; Mother's Birthplace: "

Name of person giving information: Marion Williams; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Dis. of Kidneys; How long: Several mos

Immediate: Toxaemia; How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ulysses G. Downs

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A8881

Name in Full: Preston Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: mpr Park Hill — County: Frederick

Date of death: Month: 1924 May — Day: 5th — Years: Age — Months: 4 m — Days:

Sex: Male — Color or Race: Colored — Birthplace: Fred'k Co. Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jesse Brown — Father's Birthplace: Md.

Mother's Maiden Name: Wollie Fields — Mother's Birthplace: Md.

Name of person giving Information: Geo. Peters — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Inflammation Bowels — How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Shellaby

Address: Urbana Md.

Accident or Suicide?

9

LIBRARY BUREAU A88816

Name in Full: No Name Bruchey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Frederick (County) Frederick

Date of death 190 4 Month 5 Day 26 Age Years — Months — Days 3

Sex Male Color or Race White Birthplace Frederick

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name Charles H Bruchey Father's Birthplace Frederick Md

Mother's Maiden Name Fannie Ainsworth Mother's Birthplace "

Name of person giving In formation Wm Bruchey How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Marasmus How long 3 days

Immediate Convulsions How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank Hedgcox M.D.

Address Frederick

Accident or Suicide?

LIBRARY BUREAU A36316

Name in Full: John. Colbourne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: 1904 May 3rd; Age: Years 60; Months —; Days —

Sex: Male; Color or Race: Black; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving In formation: 69; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy; How long

Immediate: Pulmonary Hemorrhage; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: K. S. Tyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66819

Name in Full: Paul Cook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Park Mill — County: Gud.

Date of death: 1904 — Month: May — Day: . — Age: Years: — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long:

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Permit given to Mr. Geo. Peters
(Undertaker) burial on Mann.
Facts in case being known.

Name in Full: Cossey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: "

Date of death 190 4 — Month: 5 — Day: 2 — Age: Years ____ Months ____ Days ____

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Walter Cossey — Father's Birthplace: Md

Mother's Maiden Name: Dora Brown S. — Mother's Birthplace: Md

Name of person giving Information: Walter Cossey — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Both — How long: 7 mos

Immediate: Uric — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W F Goodwin M D

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Enos N. Coover

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont — County: Frederick

Date of death 1904: Month: May — Day: 2 — Age: Years: 78 — Months: 6 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Thurmont

Married, Single or Widowed: Married — Occupation: Shoemaker

Name of Wife or Husband: Catherine

Father's Name: Jacob — Margaret Stimmel — Father's Birthplace: Dont Know

Mother's Maiden Name: [illegible] 93 — Mother's Birthplace: " "

Name of person giving Information: Daughter — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleura - Pneumonia — How long: Four weeks

Immediate: General Breakdown of System — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James K. Wales M.D.

Address: Thurmont Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Wm. Merkle Cromwell

Certificate of Death

Town: Walkersville County: Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
5	3.	8	1	4	County.	

Date 1914

Age

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children ~~living~~

Husband / Wife of

Father's Name: Robert Cromwell

Mother's Maiden Name: Ida L. Clark.

Cause of Death — Primary: Bright's Disease

Cause of Death — Immediate: Oedema of lungs

How long sick: 5 days

Accident, Suicide, Homicide

Reported by: J. D. Nigrodelmus M.D.

Address: Walkersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name in Full: Simon Wesley Crum — 10,13

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: McKaig — County: Frederick

Date of death: Month: May — Day: 23 — Year: 1904

Age: Years: 41 — Months: 3 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Mt Pleasant Md

Occupation: Machanic — Where Residing if not at place of death: McKaig

Married, Single or Widowed: Married — Name of Wife or Husband: Maggie Virginia

Father's Name: Adam Crum — Father's Birthplace: Frederick Co

Mother's Maiden Name: Jemima Crum — Mother's Birthplace: Mt Pleasant

Name of person giving In formation: His wife — How related to deceased: Maggie

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Pulmonary Consumption

Primary: Slow Exhaustion — How long: Two years

Immediate: Suffocation — How long: a few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. E. Stone

Address: Mt Pleasant Md

Accident or Suicide? 2

LIBRARY BUREAU A83518

Name in Full: Charles M. Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Point of Rocks — County: Frederick

Date of death 1904: Month: May — Day: 5th

Age: Years: 47 — Months — Days

Sex: male — Color or Race: White — Birthplace: near Pt of Rocks

Married, ~~Single or Widowed~~ — Occupation: Inspector Watches, Dismissed Broke

Name of Wife or ~~Husband~~: Mary Ellen Compher

Father's Name: John Elliott — Father's Birthplace: near Pt of Rock Md

Mother's Maiden Name: Michael — Mother's Birthplace: near Pt of Rocks

Name of person giving Information: S. P. Compher — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: several years

Immediate: Congestion of Lungs — How long: Ten Days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. W. Trapnell

Address: Pt of Rocks Md

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Timothy Esh

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Montevue Hospital (County) Frederick

Date of death 1904 — Month: May — Day: 27 — Years: 18 — Months — Days

Sex: Male — Color or Race: White — Birthplace: +

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: George E. Geisler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frdk

Date of death 1904 — Month: May — Day: 23 — Years: Age 26 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Carpenter

Name of Wife or Husband:

Father's Name: Wm J Geisler — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Susan M Mullican — Mother's Birthplace: " " "

Name of person giving Information: "Kell" — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Opium Poisoning — How long: 6 hours.

Immediate: Cyanosis — How long: 4 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. F. Galloway

Address: Frederick Md

Accident or Suicide? Suicide

LIBRARY BUREAU A88918

Mountain Church Cemetery

Montgomery Co

Md

C. to Cemetery — 75

May 25 — 1904

Name in Full: George Harbaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Walkersville; County: Frederick

Date of death 1904: Month: May; Day: 28

Age: Years: 58; Months; Days

Sex: male. Color or Race: white. Birthplace

Married, ~~Single or Widowed~~ Occupation: farmer

Name of Wife ~~or Husband~~

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemic Coma. How long: 3 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Nicodemus

Address: Walkersville Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Cha Samuel Harbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deerfield; County: Frederick Co.

Date of death: Month: May; Day: 16; Year: 1904

Age: Years: —; Months: —; Days: 3

Sex: Male

Color or Race: White

Birthplace: Deerfield

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel David Harbaugh

Father's Birthplace: Washington Co Md

Mother's Maiden Name: Daisy Emma Bell Williard

Mother's Birthplace: Sabillasville Md

Name of person giving information: C. L. Wachter

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of lungs — How long: 2 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Wachter M.D

Address: Sabillasville Md.

Accident or Suicide? —

LIBRARY BUREAU A88616

Name in Full: John Harper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Petersville — County: Frederick

Date of death 1904 — Month: 5 — Day: 16 — Age — Years: — Months: 10 — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Petersville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Thomas A Harper — Father's Birthplace: Petersville

Mother's Maiden Name: Caroline Burke — Mother's Birthplace: "

Name of person giving Information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephaloid — How long: 50

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml Claggett

Address: Petersville

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full [illegible] Mary Catherine Hennington

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Brunswick's County: Frederick

Date of death: Month: May Day: 27

Age: Years: 1907 Months: 4 Days: 12

Sex: Female Color or Race: White Birth-place: Brunswick's

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Patrick Hennington Father's Birthplace: W. Va.

Mother's Maiden Name: Amanda Rideout Mother's Birthplace: Pa

Name of person giving In formation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion How long: 2 mo

Immediate: Entero Gastritis How long: 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. P. Horine

Address: Brunswick's Md.

Accident or Suicide?

LIBRARY BUREAU A2U818

Name in Full: Mattie A. Himes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnside — County: Frederick

Date of death 1904 — Month: 5 — Day: 8 — Age: Years 22 — Months 3 — Days 1

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married — Name of Wife or Husband: Roy W. Himes

Father's Name: William Metz — Father's Birthplace: Md

Mother's Maiden Name: Mollie Wild — Mother's Birthplace: Md

Name of person giving In formation: Roy W. Himes — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abortion — How long: 6 days

Immediate: Septicemia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis Wolf

Address: Burnside Md

Accident or Suicide?

9

LIBRARY BUREAU A88516

Received. May 10, 1904
S Ayer

Name in Full

Certificate of Death

Mary Hobbs

Died at Town: Unionville County: Frederick — MARYLAND

Date 1904 Month: May Day: 18 | Age Y. X M. 5 D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of ~~children~~ living —

Husband of —

~~Wife~~

Father's Name Chas. Hobbs

Mother's Maiden Name Edie Ream

Cause of Death: Primary Tuberculosis

Immediate Exhaustion

How long sick 2 months

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Thomas P. Babington M.D.

Address Unionville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Frank Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monterrie Hospital; County: Frederick

Date of death: Month: May; Day: 4; Year: 1904; Age: 15 Years; Months; Days

Sex: Male; Color or Race: Black; Birthplace: X

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed; Name of Wife or Husband

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace

Name of person giving In formation: X; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Initial Stenosis; How long

Immediate: Dilitation of Heart; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. J. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Walter H. Rawlings Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buckeystown; County: Frederick

Date of death 1904	Month	Day	Age: Years	Months	Days
	May	5	17	2	13

Sex: Male | Color or Race: Colored | Birthplace: Maryland

Married, Single or Widowed: Single | Occupation:

Name of Wife or Husband:

Father's Name: Geo Rawlins. | Father's Birthplace: Md

Mother's Maiden Name: Alverta Jones | Mother's Birthplace: Md

Name of person giving information: William Jones | How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 7 or 8 wks

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Routson

Address: Buckeystown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Henson Kessler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buckeystown County: Frd

Date of death	Month	Day	Years	Months	Days
1904	May	10	Age 66	7	24

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Md	
Occupation: Farmer	Where Residing if not at place of death:		
Married, Single or Widowed: Married	Name of Wife or Husband: Lizzie Kessler		
Father's Name:		Father's Birthplace:	
Mother's Maiden Name:		Mother's Birthplace:	
Name of person giving Information: Cromwell Kessler		How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enterocolitis		How long: 2 wks
Immediate:		How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: T. Clyde Routson	
	Address: Buckeystown	
Accident or Suicide?		

LIBRARY BUREAU A66516

Name in Full: Killion

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pearl — County: Frederick

Date of death: 1904 — Month: May — Day: 24 — Age: Years / Months / Days

Sex: male — Color or Race: white — Birthplace: Frdk. Co., Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 4 days

Immediate: Cardiac Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard A. Hopkins Jr

Address: New Market, Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

8

LIBRARY BUREAU A88818

Name in Full — Certificate of Death

James K Knyle

Died at Town: Libertytown — County: Frederick — MARYLAND

Date 1902 — Month: May — Day: 8th — Age: Y. 83 M. 5 D. 6 — Native of: Md — Occupation: Retired farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 10

~~Wife~~ Husband of Mary L. Rook

Father's Name: Jacob Knyle — Mother's Name: Sophia Knyle

Cause of Death — Primary: General debility — How long sick: 1/4

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by Thos B. Howe M.D.

Address Libertytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Chas. E. Larr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Linganore — County: Frederick

Date of death 1904	Month	Day	Years	Months	Days
	May	25	Age 42		

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Married, Single or Widowed: Married — Occupation: Farmer.

Name of Wife or Husband: Annie R. Larr

Father's Name: Chas N. Larr — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Annie F. Burns — Mother's Birthplace: " " "

Name of person giving information: Jno L. Larr — How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

17

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonary — How long: 2 yrs

Immediate: Exhaustion — How long: several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard.

Address: Frederick St W.

Accident or Suicide?

LIBRARY BUREAU A88518

Mt Olivet Cemy
C. C. Cady

Name in Full: William H Leakins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Johnsville; County: Frederick

Date of death 1904: Month: May; Day: 10

Age: Years: 73; Months: 6; Days: 23

Sex: male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife or Husband: Sarah E Bowers

Father's Name: Thomas Leakins; Father's Birthplace: Maryland

Mother's Maiden Name: Cathrine Bowers; Mother's Birthplace: "

Name of person giving information: Jamie E. Dayhoff; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long

Immediate: Apoplexy; How long: 20 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Sidwell

Address: Johnsville, Md.

Accident or Suicide?

LIBRARY BUREAU Apr 8 16

Walz & Grossnickle
Undertakers
Johnsville
Md

Name in Full: Rebecca Lucas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick — County: Frederick

Date of death: 1904 — Month: May — Day: 15

Age: Years: 68 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Va. Va

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name ~~of Wife or~~ Husband: Edward Lucas

Father's Name: — Father's Birthplace: Va

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Geo Waybill — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 1 year

Immediate: Uraemia — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Trap

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Nicholas Metz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Johnsville — County: Frederick

Date of death 1904: Month: May — Day: 20 — Age: Years: 71 — Months: 2 — Days: 5

Sex: male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: Carpenter

Name of Wife or Husband: Mary Susan Albaugh

Father's Name: John Metz — Father's Birthplace: not known

Mother's Maiden Name: Nancy Shelton — Mother's Birthplace: "

Name of person giving information: D. O. Metz — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility Consequent upon an attack of Grip with Pneumonia — How long: about 10 or 11 weeks

Immediate: Hypostatic Pneumonia — How long: about 5 or 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. H. Sidwell

Address: Johnsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Walg & Grossnickle

Undertakers

Johnsville

Md

Name in Full: William F. Miller.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buckeystown — County: Frederick

Date of death 1904: Month: May — Day: 13 — Years: Age 68 — Months: 11 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: School Teacher. — Where Residing if not at place of death: At Place of Death

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Julia Heiner.

Father's Name: David Miller. — Father's Birthplace: X

Mother's Maiden Name: Sarah Fahnestock. — Mother's Birthplace: X

Name of person giving Information: Daughter — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Partially Paralized — How long: more than a year

Immediate: Gastritis — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Eichelberger

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: George Monnigler

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Liberty-Town County: Frederick

Date of death 1904 — Month: May Day: 9 Age — Years: 43 Months: Days:

Sex: Male Color or Race: White Birth-place: Frederick Co Md.

Married, Single or Widowed: Married Occupation: Blacksmith

Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: J Beal How related to deceased: Father-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: Four years.

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret E. Morningstar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: 5; Day: 25; 1904

Age: Years: 68; Months: 9; Days: 28

Sex: Female

Color or Race: White

Birthplace: Frederick Co Md

Occupation: House Wife

Where Residing if not at place of death: Double Pipe Creek Md

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levi Morningstar

Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Lydia Campbell

Mother's Birthplace: Frederick Co Md

Name of person giving information: Mrs. Wm Lease

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: 2 yrs.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. S. Tyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU AUDIS

Interment at Mt Olivet
" May 26th 1904
A. T. Rice & Sons

Name in Full: Edie E Mourhouse

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick — County: Frederick

Date of death 1904 — Month: 5 — Day: 15

Age — Years: 7 — Months: 3 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Pearl Md

Occupation: S. Girl — Where Residing if not at place of death: Frederick Md

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: William P. Mourhouse — Father's Birthplace: Md

Mother's Maiden Name: Maud S. Rouzer — Mother's Birthplace: Md

Name of person giving information: Robert P. Mourhouse — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid — How long: 3 weeks

Immediate: Perforating bowels — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long

Address: City

Accident, Suicide or Homicide?

LIBRARY BUREAU A66016

Name in Full: John Neck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Fred'k

Date of death 1904: Month: 5 M — Day: 29th — Age: Years: 86 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Laborer

Name of ~~Husband~~ Wife: Mary Neck

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Jos Neck — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Pulmonary Congestion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert L Annan

Address: Emmitsburg Md

~~Amount of Case~~

LIBRARY BUREAU A86516

Name in Full — Certificate of Death

Norman O. Nicodemus

Died at ~~New~~ Town Oak Orchard County Frederick MARYLAND

Date 1904 — Month 3 Day 2 — Age Y. 28 M. 4 D. 14 — Native of Md. — Occupation R.R. Postal Clerk

~~Male~~ ~~Female~~ — ~~White~~ ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~ —

Husband / Wife of

Father's Name Isaac Nicodemus — Mother's Maiden Name Martha E. Nicodemus

Cause of Death — Primary: Tuberculosis — Immediate: Tuberculosis — How long sick 1 yr. 3 mos.

~~Accident, Suicide, Homicide~~

Reported by J. P. Waltz + Son, D + E.

Address Winfield, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Marshal Penn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Flint Hill — County: Fred

Date of death 1904 — Month: May — Day: 15 — Age — Years: 35? — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md?

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving In formation: — — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. Clyde Routson

Address: Burkettsville

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Isaiah Poffenberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Myersville — Town — County: Frederick

Date of death 1904: Month: May — Day: 29th — Age: Years: 65 — Months: 4 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Myersville

Married, Single or Widowed: Married — Occupation: Blacksmith

Name of Wife or Husband: Virginia Homerich

Father's Name: Isaac Poffenberger — Father's Birthplace: Myersville

Mother's Maiden Name: Mary Biddle — Mother's Birthplace: Myersville

Name of person giving information: Virginia Poffenberger — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease — How long: 3 years

Immediate: General Prostration — How long: 8 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Getzendanner

Address: Myersville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Catharine Ransburg.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkersville; County: Frederick

Date of death: 1904 Month: May Day: 24

Age: Years: Months: Days:

Sex: female

Color or Race: white

Birthplace:

Occupation: housewife

Where Residing if not at place of death: Walkersville.

Married, ~~Single or Widowed~~

Name of Wife or Husband: Edward Ransburg.

Father's Name: William Paisley

Father's Birthplace:

Mother's Maiden Name: Mrs " Paisley

Mother's Birthplace:

Name of person giving In formation: J. D. Nicodemus

How related to deceased: in his wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral hemorrhage — How long:

Immediate: general debility — How long: 7 years.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. D. Nicodemus

Address: Walkersville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Samuel Remer.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oak Hill — County: Frederick

Date of death 1904: Month: May — Day: 26 — Age: Years: 76 — Months: 4 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Woodsboro

~~Married, Single~~ or Widowed — Occupation: Fence Builder.

Name of Wife or Husband: Christian Grable

Father's Name: Jacob — Father's Birthplace: Woodsboro

Mother's Maiden Name: Susan Fox — Mother's Birthplace: "

Name of person giving Information: Emanuel Remer. — How related to deceased: Bro.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 4 yrs

Immediate: Dysentary — How long: 6 weeks.

Are the name, age, sex, color, date and place correctly given above? Jas.

Signature of Physician

Address: Adams & Powell Undertakers.

Accident or Suicide? D

LIBRARY BUREAU A6931G

Name in Full: Sarah Ann Saylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro | County: Frederick

Date of death: Month: May | Day: 7 | 1904

Age: Years: 38 | Months: 2 | Days: 22

Sex: Female | Color or Race: White | Birthplace: Woodsboro

Occupation:

Where Residing if not at place of death:

Married, Single or ~~Widowed~~:

Name of Wife or Husband:

Father's Name: Henry Saylor

Father's Birthplace:

Mother's Maiden Name: Catharine

Mother's Birthplace: Germany

Name of person giving information: J. M. Wolbrenner

How related to deceased: Sister in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption | How long: 39 years

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician:

Address:

Accident or Suicide?

Adams & Powell Undertakers.

PHYSICIAN OR CORONER

LIBRARY BUREAU A08516

Name in Full: Agnes Scally

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Point of Rocks; County: Frederick; MARYLAND

Date of death: Month: May; Day: 29; 1904; Age: Years: 5; Months: 8; Days: 15

Sex: female; Color or Race: Irish white; Birthplace: Oakland

Occupation:

Where Residing if not at place of death:

~~Married~~ Single or ~~Widowed~~

~~Name of Wife or Husband~~

Father's Name: John Scally; Father's Birthplace: Ireland

Mother's Maiden Name: Mary R Haskell; Mother's Birthplace: Maryland

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough. 8; How long: 10 days.

Immediate: Heart Failure; How long: 3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O H Conley

Address: Adamstown Md.

~~Accident~~ ~~Suicide~~ ~~Homicide~~

LIBRARY BUREAU A88816

Name in Full: no name 1904 no. 11

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Market — County: Frederick

Date of death 1904 — Month: 5. — Day: 9,

Age — Years: — Months: — Days: one week

Sex: male — Color or Race: Black — Birthplace: New Market, Md,

Occupation: x x x — Where Residing if not at place of death: x x x

Married, Single or Widowed: x x — Name of Wife or Husband: Jennie Smith,

Father's Name: Moses Smith — Father's Birthplace: Fred'k Co,

Mother's Maiden Name: Jennie Howard, — Mother's Birthplace: New Market Md

Name of person giving Imformation: Benjamin Brown, — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dont Know, — How long: Since Birth

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: No Physician

Address:

Accident or Suicide? no,

LIBRARY BUREAU A63818

Name in Full: Samuel P Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Kemptown | County: Frederick

Date of death 1904: Month: May | Day: 11 | Age: Years: 5-4 | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: Md

Married, Single or Widowed: Married | Occupation: Laborer

Name of Wife or Husband: Jane Snyder

Father's Name: William Snyder | Father's Birthplace: Md

Mother's Maiden Name: Sarah ann Plane | Mother's Birthplace: Md

Name of person giving information: Jane Snyder | How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma | How long: 2 years

Immediate: Cardiac failure | How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. C. Fout

Address: Kemptown Md

Accident or Suicide? —

LIBRARY BUREAU A68516

Name in Full: Virginia Dixon Soper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Park Mills — County: Frederick

Date of death: Month: May — Day: 13 — Year: 1904 — Age: Years: 43 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Augustus Soper

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Augustus Soper — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Eclampsia — How long: 3 days

Immediate: Uraemic Convulsion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Routson

Address: Buckeystown

Accident or Suicide? —

LIBRARY BUREAU A69916

Name in Full: Susan Staley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick; County: Frederick; MARYLAND

Date of death: 1904; Month: May; Day: 15; Age: Years 73; Months 7; Days 26

Sex: Female; Color or Race: white; Birthplace: Frederick Md.

Occupation: H. W.; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: W. a. Staley

Father's Name: Samil. Shook; Father's Birthplace: Frdk. Co.

Mother's Maiden Name: Susan Rice; Mother's Birthplace: Frdk. Co.

Name of person giving information: Mrs Wellen; How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis - Nephritis; How long: Several years

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. O. Heading M.D.

Address: Frederick, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Jacob Stitely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catoctin — County: Frederick.

Date of death: Month: May — Day: 29. — 1904

Age: Years: 20 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Near Thurmont, Md.

Occupation: Laborer — Where Residing If not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Stitely — Father's Birthplace: Thurmont Md

Mother's Maiden Name: Irene Wolf. — Mother's Birthplace: Thurmont Md

Name of person giving In formation: Irene Stitely — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 wks.

Immediate: Intestinal Hemorrhage + Heart failure — How long: Two wks

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: E. C. Kefauver M.D.

Address: Thurmont. Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ephraim Stoner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Johnsville — County: Frederick

Date of death 1904 — Month: May — Day: 5

Age — Years: 79 — Months: 6 — Days: 3

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Margaret Smith

Father's Name: John Stoner

Father's Birthplace:

Mother's Maiden Name: Elizabeth Singer

Mother's Birthplace: Maryland

Name of person giving Information: Emma Risler

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grip

How long: about 1 week

Immediate: Apoplexy

How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Sisknell

Address: Johnsville Frdk Co.

Accident or Suicide?

LIBRARY BUREAU A2931G

Wally + Grossnickle
Nanticoke
Johnsville
Md

Name in Full: Charles H. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Libertytown; County: Frd'k

Date of death: Month: May; Day: 26; 1904

Age: Years: 1; Months: 6; Days: 10

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: George Thomas

Father's Birthplace: Frd'k Co. Md

Mother's Maiden Name: Ida M. Mercer

Mother's Birthplace: Frd'k Co. Md

Name of person giving Information: George Thomas

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long:

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otis B. Stone M. D.

Address: Libertytown Frederick Co.

Accident or Suicide? Accident

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LIBRARY BUREAU A88516

Name in Full: Infant D of Elizabeth Warner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death: Month: May — Day: 24 — Years: — Months: — Days: 29

Age

Sex: Female — Color or Race: White — Birthplace: Frederick, Md.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Elizabeth Warner — Mother's Birthplace: Md.

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hereditary Syphilis — How long: —

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. N. Hagerstown

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mamie Estene Whims.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Petersville — County: Frederick

Date of death: Month: May — Day: 20 — Year: 1904

Age: Years: 13 — Months: 9 — Days: 12.

Sex: Female. — Color or Race: Colored. — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Geo. Whims. — Father's Birthplace: Md

Mother's Maiden Name: Matilda Evans. — Mother's Birthplace: Md.

Name of person giving Imformation: Geo Whims. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: About 1 yrs.

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. H. Schildnecht.

Address: Burkittsville Md.

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Mary K. Willis

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Market — County: Frederick

Date of death: Month: 5 — Day: 29 — Years: 79 — Months — Days

Sex: Female — Color or Race: white — Birthplace: Frd'k. Co., Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: L. C. Willis — Father's Birthplace: dont Know

Mother's Maiden Name: Angilya Willis — Mother's Birthplace: dont Know

Name of person giving Imformation: L. C. Willis — How related to deceased: Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: 7 days.

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard H. Hopkins Jr

Address: New Market Maryland

Accident or Suicide? no.

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Name in Full: Virginia Worthington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Urbana; County: Frederick

Date of death: 1904; Month: May; Day: third; Age: Years 5 5 – Months Days

Sex: Female; Color or Race: White; Birthplace: Virginia

Occupation; Where Residing if not at place of death

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Jas. Worthington

Father's Name: Geo. G. Lawrence; Father's Birthplace: Virginia

Mother's Maiden Name: M. L. Starling; Mother's Birthplace: Virginia

Name of person giving information; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long

Immediate: Acute Indigestion; How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. E. E. Williams

Address: Urbana — Maryland.

Accident or Suicide?

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